


**State
Police**

Transfer, Disposal, or Loss of a Registered Assault Weapon

INSTRUCTIONS:

 When completed, save the completed form and E-mail to pistolpt@troopers.ny.gov.

Original Owner's Information

Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)
Social Security # (Last 4 Digits)	NY Driver's License # (or NY Non-Driver's ID)		Registration #		
XXX-XX-					
Street Name (physical address-if different)			City	State	Zip
Mailing Address			City	State	Zip
Email Address		Phone #	County of Residence		

Dealer's Information

Company's Name		Company Representative's Name		Dealer's License Number	
Company's Address			City	State	Zip

Other Party's Information

Name of party weapon was transferred to: (Last Name, First Name, MI. If transferred to law enforcement officer or agency enter agency and, if applicable, shield number of officer.		
Date of Birth (mm/dd/yyyy)	Mailing Address	State of Residency

Assault Weapon Information

Manufacturer	Model	Caliber	Serial Number

Owner's Verification

I certify that the information provided on both sides of this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license may be revoked, and any request for public records exemption shall become null and void.

Applicant Signature:

Date: